

## SMAC Pricing Inquiry Worksheet

| GCN | NDC Code | Manufacturer | Drug Name | Package Size | Dosage Form | Wholesaler | Lowest Price Attainable | Date of Price Search |
|-----|----------|--------------|-----------|--------------|-------------|------------|-------------------------|----------------------|
|     |          |              |           |              |             |            |                         |                      |
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Pharmacist Printed Name \_\_\_\_\_

Store Name \_\_\_\_\_

Pharmacist Signature \_\_\_\_\_

Store Address \_\_\_\_\_

Store Address \_\_\_\_\_

Store City, Zip \_\_\_\_\_